

STATEMENT OF ECONOMIC INTERESTS

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
COVER PAGE

RECEIVED

FPPC 2-22-12

FEB 22 2012  
Date Received  
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OFFICE OF THE CLERK

Please type or print in ink.

NAME OF FILER (LAST) 12 FEB 27 AM 8:18 (FIRST) (MIDDLE)

GP

HAZARD

DUANE

EDWARD

1. Office, Agency, or Court

Agency Name

MONO COUNTY

Division, Board, Department, District, if applicable

Your Position

BOARD OF SUPERVISOR - DISTRICT 2 - SUPERVISOR MEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: TRI-VALLEY GROUND WATER CONTROL DISTRICT Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of MONO

☐ City of

☒ Other WATER DISTRICT

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☒ Candidate: Election Year 2012 Office sought, if different than Part 1: RE-ELECTION / BOARD OF SUPERVISOR

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 11

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

Date Signed 2-18-2012  
(month, day, year)

Signature

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HAZARD DUANE

1. Office, Agency, or Court

Agency Name

MONO COUNTY BOARD OF SUPERVISORS

Division, Board, Department, District, if applicable

DISTRICT 2

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: REGIONAL COUNCIL OF RURAL COUNTIES

Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ Multi-County SEE ATTACHED LIST

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 10

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

(d)(5)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-18-2012

(month, day, year)

Signature

(d)(5)

(Print the originally signed statement that justifying omitted)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
HAZARD DUANE EDWARD

1. Office, Agency, or Court

Agency Name

MONO COUNTY LOCAL TRANSPORTATION COMMISSION - LTC  
Division, Board, Department, District, if applicable Your Position

BOARD MEMBER

► If filing for multiple positions, list below or on an attachment. IMAAA

Agency: INYO/MONO AREA AGENCY ON AGING

Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ Multi-County IMAAA

☒ County of (LTC) MONO

☐ City of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

☒ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

(d)(5)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(d)(5)

Date Signed

2-18-2012  
(month, day, year)

Signature

(Print the originally signed statement with your name on it.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Duane Hazard

NAME OF BUSINESS ENTITY

AMGEN PHARMACEUTICALS CO.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

DRUG MANUFACTURING CO.

FAIR MARKET VALUE

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/6/11

9/15/11

\$5,000.00

ACQUIRED

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/11

1/1/11

ACQUIRED

DISPOSED

NAME OF BUSINESS ENTITY

THQ INC.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Computer Gaming

FAIR MARKET VALUE

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/11

1/1/11

ACQUIRED

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/11

1/1/11

ACQUIRED

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/11

1/1/11

ACQUIRED

DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock

☐ Other

(Describe)

☐ Partnership

☐ Income Received of \$0 - \$499

☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

1/1/11

1/1/11

ACQUIRED

DISPOSED

Comments:

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Duane Hazard</u>

► 1 BUSINESS ENTITY OR TRUST

H + P SPECIALTY SERVICE

Name  
P. O. Box 554 MAMMOTH LAKES, CA. 93546

Address (Business Address Acceptable)

Check one  
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
<u>TRAINING IN SPECIAL AREAS</u>	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input checked="" type="checkbox"/> \$0 - \$1,999	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$2,000 - \$10,000	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other
YOUR BUSINESS POSITION <u>OWNER / PARTNER</u>	

► 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input checked="" type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

► 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if an answer)

N/A

► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

N/A

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$10,001 - \$100,000	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock <input type="checkbox"/> Partnership
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Other
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

► 1 BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one  
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$2,000 - \$10,000	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
YOUR BUSINESS POSITION	

► 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

► 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if an answer)

► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:  
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$10,001 - \$100,000	<u>  </u> / <u>  </u> / <u>11</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock <input type="checkbox"/> Partnership
<input type="checkbox"/> Leasehold	<input type="checkbox"/> Other
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments: INACTIVE BUSINESS - LICENSE + PERMITS  
only



CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Duane Hazard

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

FPPC Form 700 (2011/2012) Sch. C  
FPPC Toll-Free Helpline: 866/275-3772 [www.fppc.ca.gov](http://www.fppc.ca.gov)

# SCHEDULE D Income - Gifts

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name Duane Hazard

► NAME OF SOURCE  
REGIONAL COUNCIL OF RURAL COUNTIES - RCR  
ADDRESS (Business Address Acceptable)  
1215 "K" ST Suite #1650 Sacramento, CA 95814  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/1/2011</u>	<u>\$950.22</u>	<u>SEE ATTACHED</u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

► NAME OF SOURCE  
ADDRESS (Business Address Acceptable)  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>
<u>  /  /  </u>	<u>\$  </u>	<u>  </u>

Comments:



**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Diane Hazard

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE

REGIONAL COUNCIL OF RURAL COUNTIES - RCRC  
ADDRESS (Business Address Acceptable)

1215 "K" ST #1650 SACRAMENTO, CA. 95814  
CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): 01/01/2011 12/31/2011 AMT: \$ 950.22  
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

TRAVEL - MEALS - LODGING FOR MEMBERSHIP  
MEETING AND CONFERENCE.

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S):        /        /        AMT: \$         
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S):        /        /        AMT: \$         
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S):        /        /        AMT: \$         
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: \_\_\_\_\_

# 2011 DELEGATE EXPENSE

County: **Mono**  
 Delegate: **D. Hazard**

<u>Meals provided at meetings:</u>	<u>Amount</u>	
Prior year expenses pd in 2011	none	
Officer Lunch: 1/18/11	13.87	
RCRC Board Meeting: 1/19/11	24.64	24.64
RCRC Board Officer Meeting: 1/21/11	8.49	8.49
RCRC Board Officer Meeting: 1/26/11	19.61	
Executive Committee Meeting: 2/16/11	19.00	
RCRC Board Meeting: 3/23/11	21.39	21.39
ESJPA Board Meeting: 3/24/11	14.83	
Executive Committee Meeting: 4/27/11	20.69	
RCRC Board Meeting: 5/25/11	19.82	
ESJPA Board Meeting: 5/26/11	13.41	
RCRC Board Meeting Meals (Napa): 6/16/11	154.03	154.03
USFS Roundtable: 6/22/11	4.96	
Executive Committee Meeting: 8/3/11	27.17	
RCRC Board Meeting: 8/24/11	18.67	18.67
ESJPA Board Meeting: 8/25/11	12.09	
RCRC Board Meeting (Annual Conference): 9/23/11	27.10	27.10
ESJPA Board Meeting: 10/20/11	17.45	
RCRC Board Meeting: 12/7/11	30.62	30.62
ESJPA Board Meeting: 12/8/11	21.29	
<b><u>Expense Reimbursements:</u></b>		
To Delegate:	240.39	
To County for Delegate:	148.01	
<b><u>Expenses paid by RCRC on behalf of Supervisor:</u></b>		
Meetings with Staff:	50.02	
Officer Installation: 1/19/11		
Meeting Washington DC: 4/00/11		
CSAC Registration:		
RCRC Board Meeting (Napa) Lodging: 6/14-15/11	226.86	
Napa Tour: 6/15/11		
Napa Dinner: 6/15/11		
NACO WIR Registration: 7/00/11		
NACO Meals with Staff: 7/00/11		
Executive Committee Offsite Meeting: 11/16/11		
Executive Committee Dinner: 11/16/11		
Phone Cards/Communication Eqpt.:		
Gifts - \$420 limit:		
Awards - \$250 limit:		
Total Expenses:	950.22	

Approved and signed by  
 4/27/2012 - B

**FORM 700 Statement of Economic Interests for Calendar Year 2011**

**List of Agencies and Member Counties**

**MONO COUNTY**

**DUANE HAZARD**

Agency

Position

CRHMFA Homebuyers Fund

Delegate

Environmental Services Joint Powers Authority

Delegate

California Local Government Finance Authority

Delegate

**List of Member Counties**

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	Shasta County
Imperial County	Sierra County
Inyo County	Siskiyou County
Lake County	Sutter County
Lassen County	Tehama County
Madera County	Trinity County
Mariposa County	Tuolumne County
Merced County	Yolo County
	Yuba County